TRICARE Governance/ Health Care Services & Support Contract

OVERVIEW

- Regional Governance
- Health Care Services & Support (HCSS)
  - Contract objectives
  - What stays the same?
  - What will change?
  - Contract requirements
  - Contract administration challenges
- Questions

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REGIONAL GOVERNANCE

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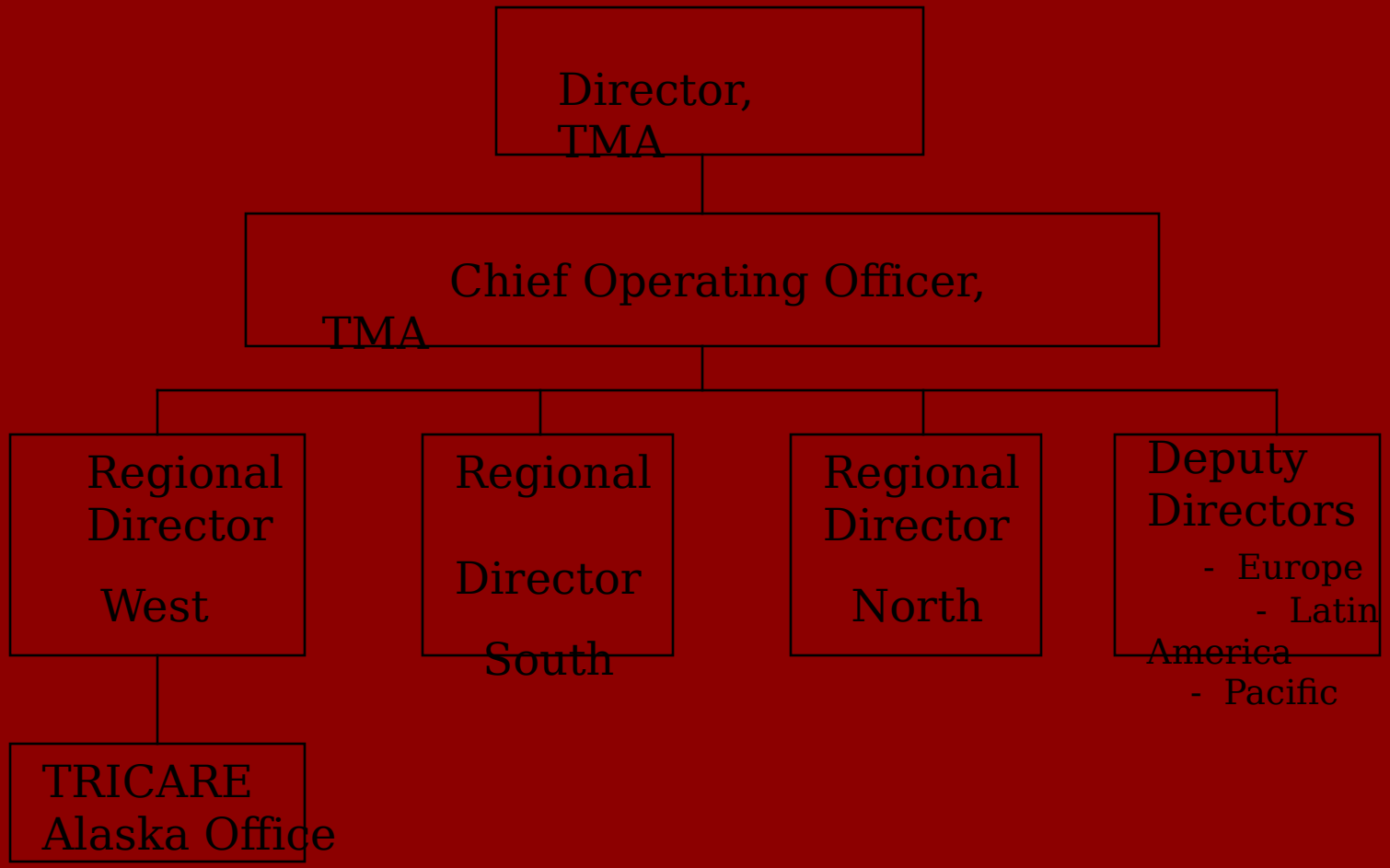
- 3 TMA TRICARE Regional Offices (TROs) aligned with 3 regional contracts in US
- 1 Overseas TRO, headquartered at TMA, with 3 subordinate overseas area offices
- TRICARE Alaska Office – satellite of TRO-West
- 11 large health care delivery markets
- Senior Market Manager designated in areas with more than one Service MTF (e.g., Colo Spgs)
- Lead Agencies will be phased out

REGIONAL GOVERNANCE



GOVERNANCE PRINCIPLES

- MTF commanders/Multi-Service Market Managers are accountable for performance through their business plans
- Service Surgeons General are accountable for the performance of their MTFs
- TRICARE Regional Directors are responsible for integrating MTF business plans, multi-service market business plans, and contractor plans into a regional business plan and for management of "white space"

GOVERNANCE PRINCIPLES

- TMA will communicate with Surgeons General regarding any unresolved issues in the MTF or Multi-Service Market business plans
- Lack of agreement between TMA and the Services should be resolved at the TRICARE Advisory Committee (TAC)
- If necessary, issues can be brought forward to the Senior Military Medical Advisory Council (SMMAC) for decision by the ASD/HA
- Disputes between MTFs in a multi-service market will be adjudicated through chains of command of the involved services

GOVERNANCE PRINCIPLES

- Regional Director has knowledge of all assets, costs, and expenditures and is able to make recommendations to the Services regarding the flow of dollars and staffing throughout the region.
- Regional Director monitors MTF performance IAW business plans and communicates with MTF commanders, and if necessary, with Services, when deviations from plan are noted
- Regional Director accomplishes market management for areas without MTFs and for smaller MTFs when requested by a Surgeon General

HCSS CONTRACT

CONTRACT OBJECTIVES

OBJECTIVE 1:

In partnership with the MHS, optimize delivery of health care services in the direct care system for all MHS beneficiaries

CONTRACT OBJECTIVES

OBJECTIVE 2:

Beneficiary satisfaction at the highest possible level, through the delivery of world-class health care as well as customer-friendly program services.

CONTRACT OBJECTIVES

OBJECTIVE 3:

Attain “best value health care” services in support of the MHS mission utilizing commercial practices where practical.

CONTRACT OBJECTIVES

OBJECTIVE 4:

Fully operational services and systems at the start of health care delivery, with minimal disruption to beneficiaries and MTFs.

CONTRACT OBJECTIVES

OBJECTIVE 5:

Ready access to contractor data to support DoD financial planning, health systems planning, medical resource management, clinical management, clinical research, and contract administration activities.

WHAT STAYS THE SAME?

- TRICARE triple option benefit package
- PCM concept
- MTF retains first right of refusal for referrals
- Access to care standards
- Claims timeliness/accuracy standards
- HCSS builds networks to augment MTFs
- HCSS provides TRICARE Service Centers
- PRO authority remains with contractor
- Appeals/program integrity essentially the same
- Regulatory authorizations are unaffected

WHAT WILL CHANGE?

- Carve-out contracts and services
- Regional governance structure/staff
- New TRICARE manuals/terminology
- Elimination of most prescriptive requirements
- Simpler, better financial incentives
- Enhanced customer service
- MTF, multi-market, and regional business plans
- Elimination of Bid Price Adjustment (BPA)
- Fiscal accountability for MTF enrollees

WHAT WILL CHANGE?

- Stronger, measurable network adequacy standards
- Enhanced standards for return of consults
- HCSS support during contingency operations/exercises
- No medical necessity reviews by HCSS – covered benefit determination only
- Delinquent payment reminders for Prime retirees
- Contractor/subcontractor roles and processes

CONTRACT REQUIREMENTS

- Lead Agency has developed a spreadsheet and timeline for new HCSS requirements
- Requirements can be identified by major tasking (referrals, marketing, enrollment, etc.) to facilitate staff training and research
- Cross-referenced to solicitation Q&A's and new TRICARE manuals
- TMA is developing standardized surveillance tool based on contract requirements & enhancements

CONTRACT REQUIREMENTS

Category	Requirement	RFP Reference	Other Reference	Action
Network	As a condition of participation in the contractor's network, all providers shall submit all claims electronically. The Regional ACO may grant an exception based upon a fully justified written request from the contractor demonstrating that it is in the best interest of the Government to grant the exception.	C-7.1.10	Q101, Q544, Q1306, Q1243	
Network	Offerors are to provide a brief description of and timeline for the major start-up activities…offerors are to specifically address how they will minimize the potential disruption caused by the expiration of all existing resource sharing agreements prior to or at the start of healthcare delivery.	L.14.e.(4)	Q14, Q1308, Q1305	
Network	Clarification of "all providers" for quarterly provider newsletters and monthly bulletins; includes all providers that have been certified as TRICARE-authorized providers and are on the provider file as an active provider		TOM, Chapter 4, Section 1, para 2.5; Q1364: Q1301	
Network	The contractor's network shall be accredited by a nationally recognized accrediting organization no later than 18 months after the start of health care delivery in all geographic areas covered by this contract. When this contract and the accrediting body both have standards for the same activity, the higher standard shall apply.	C-7.1.1.	Q35, Q117, Q776a	
Referrals	MTFs will only refer their TRICARE Prime enrollees to a non-network civilian provider when it is clearly in the best interest of the Government and the beneficiary, either clinically or financially. Such cases are expected to be rare. Federal health care systems (for example, Veterans Administration and Indian Health Service) are excluded from this Government policy.	C-7.1.2.	Q142, Q143, Q573, Q1027	MOU

CONTRACT REQUIREMENTS

In conjunction with TRO and MTF commander, the contractor shall develop and implement a contingency program to help MTFs respond to war, operations other than war, deployments, contingencies, special operations, etc.

Contractor shall participate in installation-level contingency exercises twice each year, and regionally coordinated tabletop exercises twice each year

CONTRACT REQUIREMENTS

- Beneficiaries choosing TRICARE Prime shall be enrolled to the MTF, on a first-come, first-serve basis, until enrollment capacity established by MTF commander is reached
- Contractor must ensure that MTF capacity is reached before beneficiaries can be enrolled to the contractor's network (MTF commander may make exceptions)
- New Prime service areas: Minneapolis, MN; Springfield, MO; Des Moines, IA

CONTRACT REQUIREMENTS

Contractor shall provide unlimited read-only access to all TRICARE-related data maintained by the contractor (2 authorizations at each MTF/ Surgeon General's Office/TROs/HA/TMA-Washington/TMA-Aurora/Intermediate Commands, plus authorization for each on-site Government representative and 20 discretional users (assigned by Regional Director)

All HBAs and BCACs in the region shall be provided with read-only access to claims data (including training and ongoing customer support for this access)

CONTRACT REQUIREMENTS

- Monthly invoices for purchased care claims for MTF enrollees
- "Policy silent" language in TRICARE Operations Manual (TOM)
- Quarterly report to govt regarding evidence of drugs/treatments/procedures that have moved from "unproven" to "proven"
- Contractor must operate programs (based on cost or diagnosis) for which proven clinical management programs exist

CONTRACT REQUIREMENTS

- Preauthorization reviews sharply reduced from current contract
- Quarterly focused retrospective reviews of 1% sample of medical records
- Report patterns of inappropriate practices by civilian providers/facilities to TMA
- Contractor will annually submit to MTF commander results of audits that identify which facilities and admitting physicians in the catchment area have the highest DRG outlier rates

CONTRACT REQUIREMENTS

- Must maintain an adequate number and mix of providers to ensure access
- 96% of referrals in Prime service areas to an MTF or the network (increases to 98% in OP 5)
- Contractor shall inform the gov't within 24 hours of any instances of network inadequacy (with corrective action plan)
- Contractor shall respond to any gov't inquiry about network adequacy within 2 working days

CONTRACT REQUIREMENTS

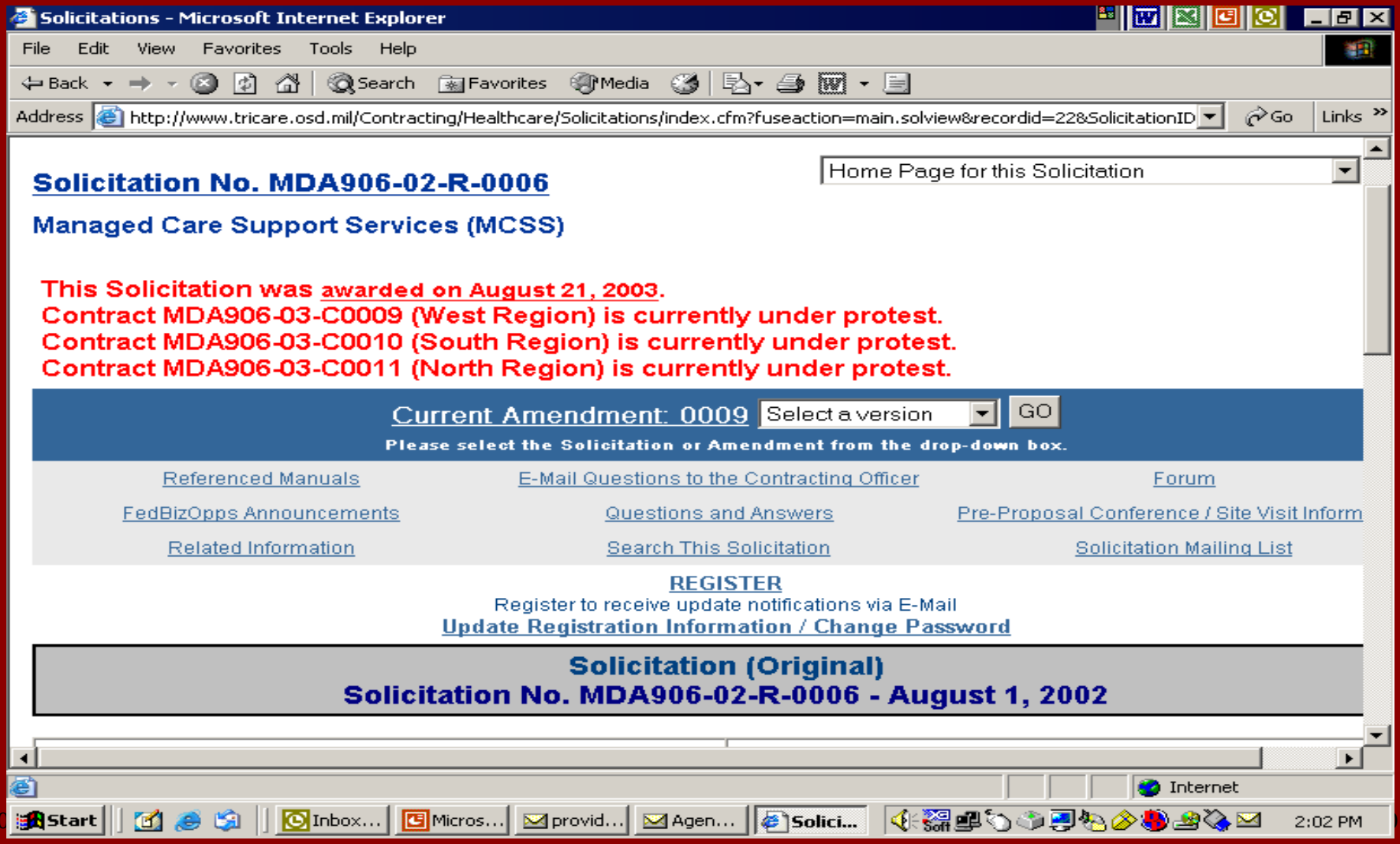
- Contractor shall maintain an accurate, up-to-date list of network providers including specialty, gender, work address, work fax number, work telephone number, whether or not they are accepting new patients, and provider's status as a member of the Reserve Component
- Contractor shall meet with MTF commander as soon as possible, but not later than 2 business days after a request, regarding unanticipated facility expansion, provider deployment, downsizing, and/or closure

CONTRACT REQUIREMENTS

- RFP, Section C – Description/Specifications/Work Statement
- RFP, Section F – Deliveries or Performance
- RFP, Section G – Contract Administration Data
- RFP, Section H – Special Contract Requirements
  - Section H-8, Performance Guarantees
  - Section H-13, Additional Performance Standards (new "higher standards" that were bid and accepted)

TRICARE Central

CONTRACT REQUIREMENTS



TRICARE Central

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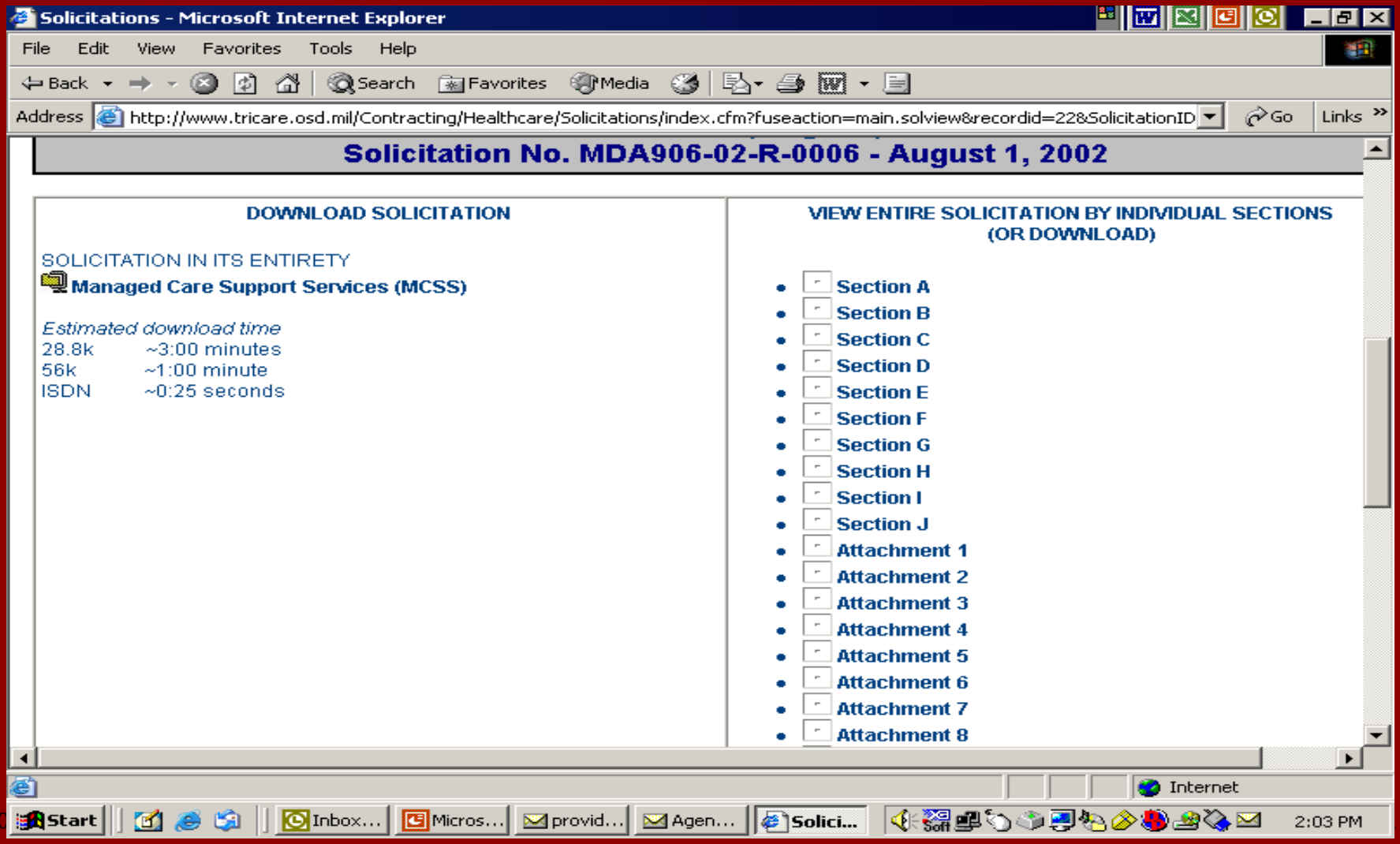

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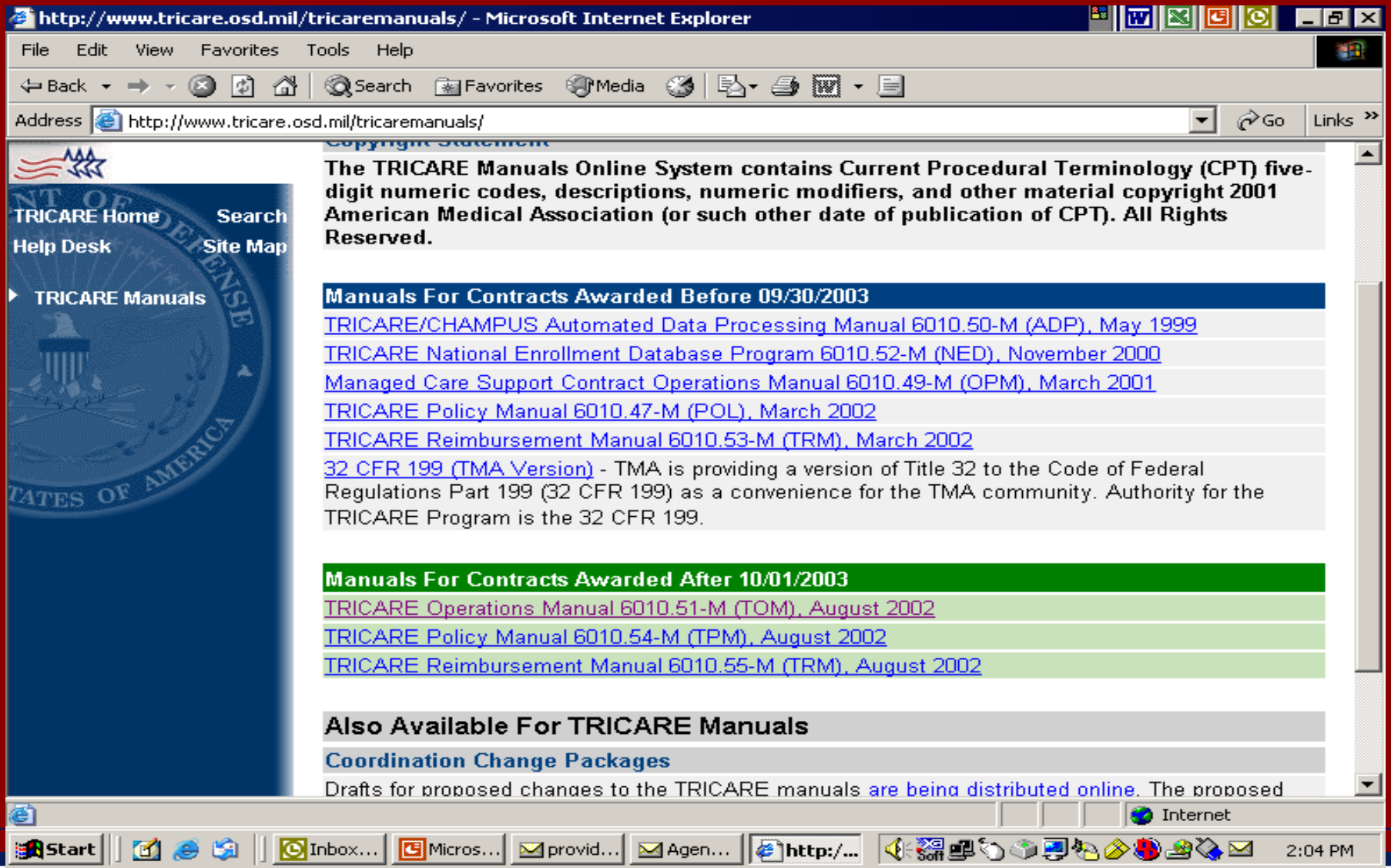
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Manuals For Contracts Awarded Before 09/30/2003
TRICARE/CHAMPUS Automated Data Processing Manual 6010.50-M (ADP), May 1999
TRICARE National Enrollment Database Program 6010.52-M (NED), November 2000
Managed Care Support Contract Operations Manual 6010.49-M (OPM), March 2001
TRICARE Policy Manual 6010.47-M (POL), March 2002
TRICARE Reimbursement Manual 6010.53-M (TRM), March 2002
32 CFR 199 (TMA Version) - TMA is providing a version of Title 32 to the Code of Federal Regulations Part 199 (32 CFR 199) as a convenience for the TMA community. Authority for the TRICARE Program is the 32 CFR 199.
Manuals For Contracts Awarded After 10/01/2003
TRICARE Operations Manual 6010.51-M (TOM), August 2002
TRICARE Policy Manual 6010.54-M (TPM), August 2002
TRICARE Reimbursement Manual 6010.55-M (TRM), August 2002
Also Available For TRICARE Manuals
Coordination Change Packages
Drafts for proposed changes to the TRICARE manuals are being distributed online. The proposed
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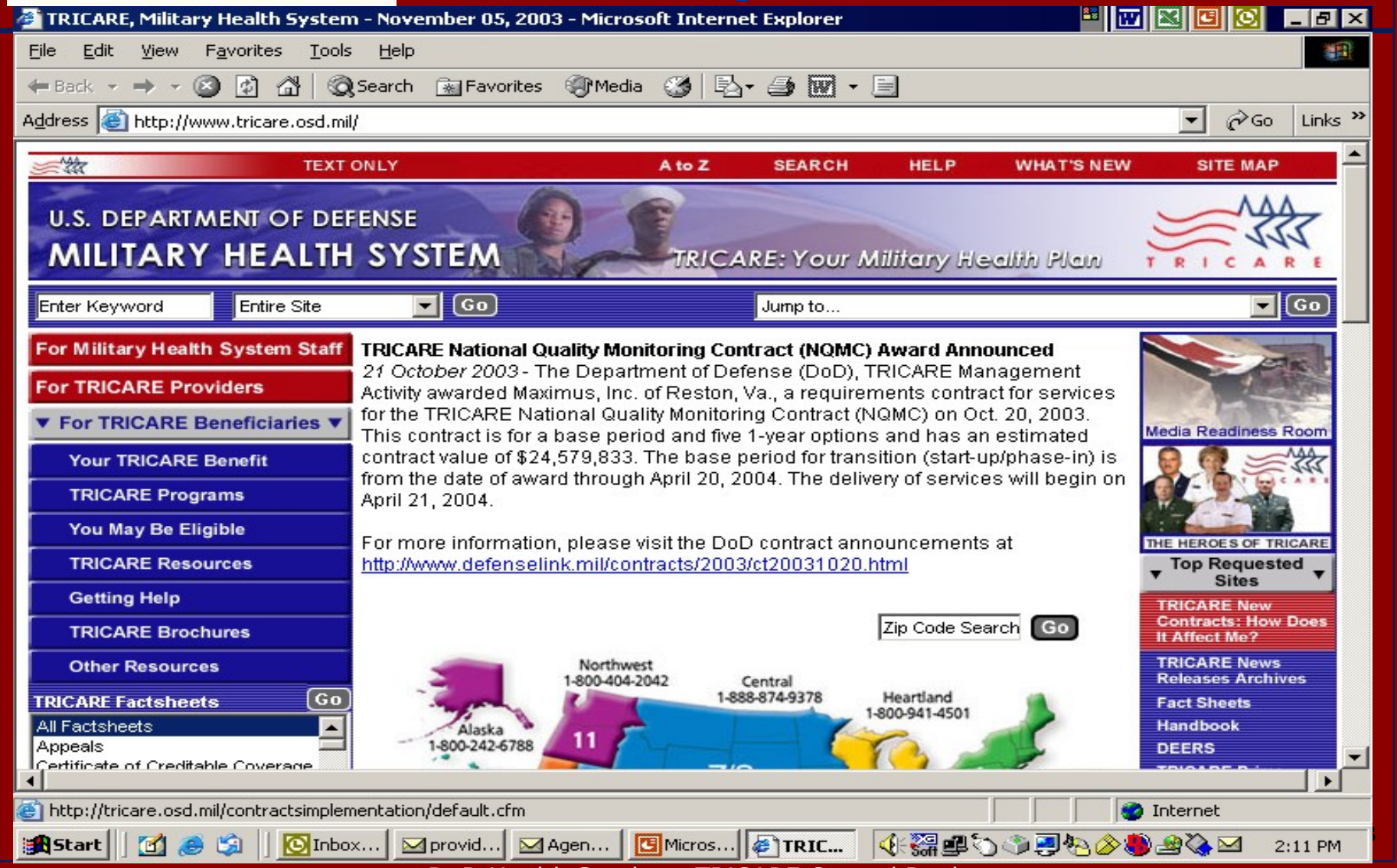
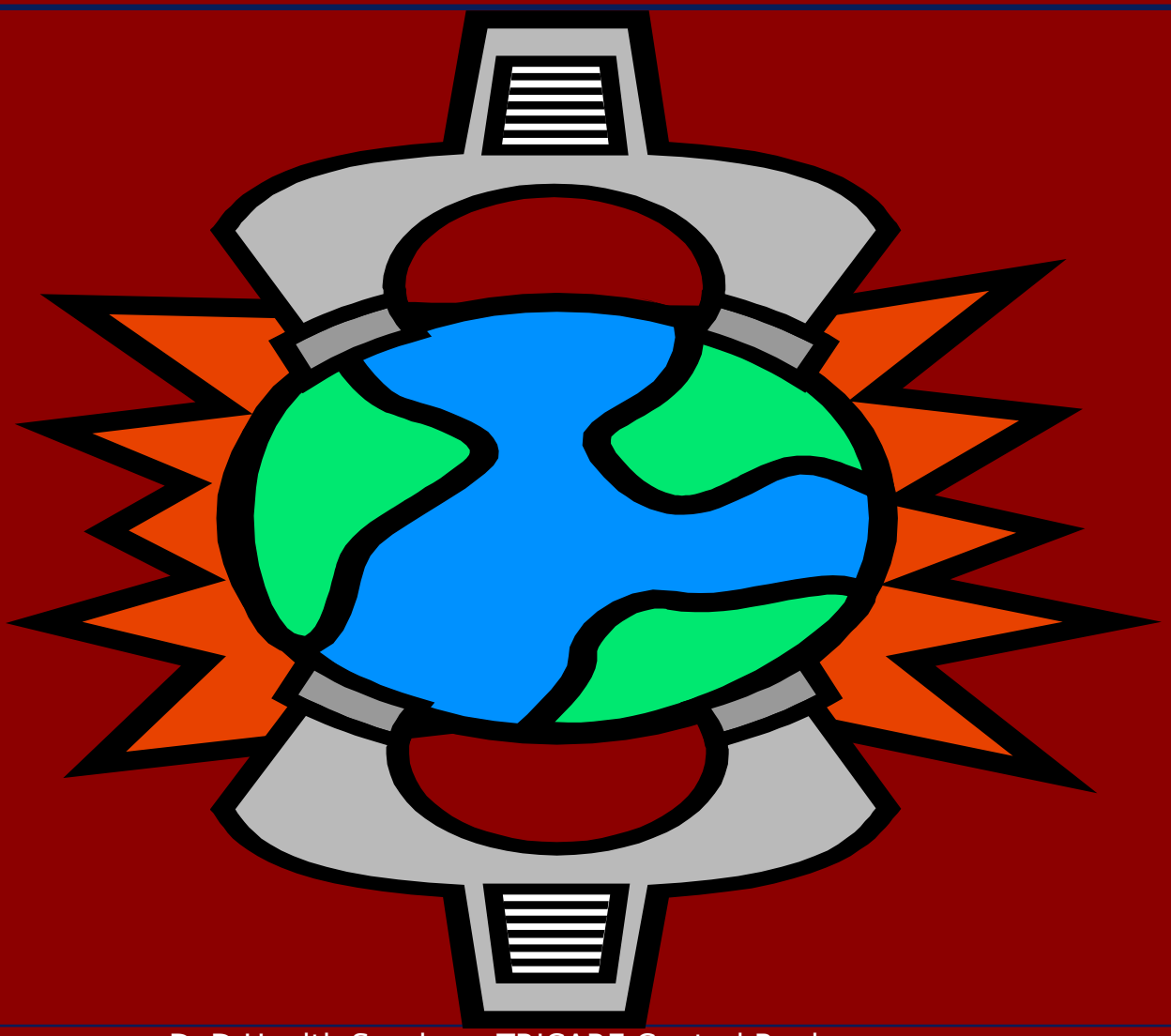
CONTRACT REQUIREMENTS



THE MTF UNDER PRESSURE



CONTRACT ADMINISTRATION CHALLENGES

- Manage enrollments/appointments
- Control unnecessary "leakage" to network
- Multiple changes (TOL, EWRAS, new DEERS, local support contracts, etc.)
- Data – who will pull AND analyze?
- Local support contracts
- COR/surveillance duties
- MOUs will be more important than ever

CONTRACT ADMINISTRATION CHALLENGES

- Identify transition team
- Know the contracts and manuals
- Keep beneficiaries informed
- Communicate enrollment guidance/ capacity/capability to contractor
- Prepare for UM/HCIL/HEAR changes
- Seek opportunities for demand/disease management & prevention

CONTRACT ADMINISTRATION CHALLENGES

QUESTIONS?